**Form for a change in the tied agent particulars notification concerning the termination of the operation of a branch or the cessation of the use of a tied agent established in another Member State**

[Articles 17(3) and 18(3) of Commission Implementing Regulation (EU) 2017/2382]

Date: [Date]

**Contact Information**

|  |  |
| --- | --- |
| Type of notification: | [Termination of the operation of a branch/the use of a tied agent] |
| Reference number: | [Home Member State ref] |
| Member State in which the branch/  tied agent is established: | [Host Member State] |
| N Name of the investment firm/credit institution: | [name of firm/institution] |
| Address of the investment firm/credit institution: | [address of firm/institution] |
| Telephone number of the investment firm/credit institution: | [tel.no of firm/institution] |
| Email of the investment firm/credit institution: | [email of firm/institution] |
| Name of the contact person  responsible for the termination of the operations of the branch/  tied agent: | [name of contact person] |
| Name of the branch/tied agent in the territory of the host  Member State: | [name of branch/tied agent] |
| Home Member State: | Liechtenstein |
| Home Member State Competent  Authority: | Financial Market Authority Liechtenstein |
| Authorisation Status: | Authorised by the FMA |
| Authorisation Date: | [TBA] |
| Date from which the termination  will be effective: | [with immediate effect] |

**Description of the schedule for the planned termination:**

[to be completed by the investment firm/credit institution]

**Information on the process of winding down the business operations, including   
details regarding the manner in which client interests are going to be protected, complaints resolved and any outstanding liabilities discharged:**

[to be completed by the investment firm/credit institution]

Signature:

Name: [Name of Signer]